

Delta Dental PPO

City of Boulder Group # 7574 (High Option)

rm 1.2011

MAXIMUM BENEFIT Calendar Year Orthodontic Lifetime TMJ Lifetime				\$1,500 per person Combination of in and out of network \$1,000 per person Combination of in and out of network \$ 800 per person Combination of in and out of network	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major only				Individual Deductible- \$ 50.00 Combination of in and out-of-network Family Deductible - \$150.00 Combination of in and out-of-network	
WHO CAN BE COVERED				Employee, Spouse and Dependent Children to age 26. Orthodontics to age 19 only.	
*PPO Dentist	*PREMIER Dentist	**NON-PAR Dentist	COVERED SERVICES		BENEFIT INFORMATION (subject to Delta Dental guidelines)
PREVENTIVE AND DIAGNOSTIC SERVICES					
100%	100%	100%	Oral Evaluation		Limited to 2 evaluations in a 12 month period
			Bitewing X-rays		Limited to 2 sets in a 12 month period
			Full Mouth X-rays or Panoramic		Limited to 1 in a 36 month period
			Routine Cleaning		Limited to 2 cleanings in a 12 month period- (2 additional cleanings may be allowed if special need)
			Fluoride Treatments		Limited to 1 treatment in a 12 month period- to age 16
			Space Maintainers		For posterior primary teeth- to age 14
			Sealants		1 per tooth in 36 months- to age 15 on unrestored molars
BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))					
80%	80%	80%	Amalgam, Resin or Composite Fillings		Benefits on the same surface limited to 1 in 12 months
			Oral Surgery (Extractions)		
			General Anesthesia		Benefit with covered Oral Surgery only
			Surgical Periodontal (gums)		Benefit once every 36 months
			Root Canal Therapy		
MAJOR SERVICES (Crowns, Bridges, Partials, Dentures)					
50%	50%	50%	Crowns		Benefit 1 in 60 months on same tooth- not a benefit under age 12
			Dentures, Partials, Bridges		Benefit 1 in 60 months- not a benefit under age 16
ORTHODONTICS (Braces)					
50%	50%	50%	Complete Orthodontic Evaluation. Active Orthodontic Treatment. For dependents to age 19 only.		
TMJ (Temporomandibular Joint/ Myofacial Pain Dysfunction)					
80%	80%	80%	Includes diagnosis, occlusal adjustment, orthotic applicant and orthognathic surgery for treatment of the temporomandibular joint.		

***PPO Dentist-** The PPO percentage of benefits is based on the PPO Schedule of Allowance.

****Premier Dentist-** The PREMIER percentage of benefits is limited to the Maximum Plan Allowance.

****Non-participating Dentist-** The non-participating percentage of benefits is limited to the out of network maximum. You will be responsible for the difference between the non-participating plan allowance and the full fee charged by the dentist.

Group has Annual Open Enrollment To Find a Dentist- www.deltadentalco.com Customer Service Phone # is 800 610-0201

Important Note: This form provides only a brief description of services covered under your contract and does not list those services which are limited or excluded from coverage. Your Employee Benefit Booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this Summary of Benefits and your Employee Benefit Booklet, the Benefit Booklet will govern.